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COMPLIMENTS OF
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DOSIMETRY IN COLORADO.



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DOSIMETRY IN COLORADO.

Boundless in resources and attractions, that which the Centennial State may lack in the culture, dignity, age and elegant ease of the effete East, is abundantly counterbalanced by its vigor of thought, tireless activity, persistent and aggressive enterprise, flanked and stimulated by its superbly invigorating, health-giving climate, agreeable temperature and bracing atmosphere.

It is still an infant. Next to the youngest of the family, but a strong, robust, bold and aggressive one, proud of its birth, surroundings and possibilities, conscious of its rare and superior advantages in natural resources, its mountains of gold, silver, lead, iron, coal, marble and granite, its hidden fountains of petroleum, its broad acres of rich agricultural and grazing lands, its grandeur of scenery of mountain and valley.

These are conditions that stimulate progress in all departments and directions, conditions that have within two decades so rapidly resulted in the development of the state and in the upbuilding of a great bustling, substantial, transcontinental city of elegance, refinement and wealth. Denver the Queen City of the Plains, fortunate in all things and especially in location, is in no wise behind the older cities in scientific thought and progress. Especially is this the case in the domain of medical advancement.

Dosimetry is better known and appreciated by a larger proportion of its population than in any other city on the globe outside of the centres where it was first promulgated, and has since so rapidly extended to all civilized nations.

Denver and dosimetry are about the same age. Both possess marked characteristics of marvellous progress and of permanence. An excellent beginning has been made in informing the profession and the people of this city and state of the unmistakable advantages of dosimetry over the older methods of practice in the prevention and cure of disease. It is *only* a beginning however. Systematic and effective work in this direction will be continued and will surely result in advancing and popularizing the new method.

The progressive and intelligent majority of the profession readily concede the urgent necessity for a reformation in the old therapeutics. Many

of them are already using the alkaloidal granules to a greater or less extent, and so far as can be ascertained, with the most satisfactory results.

My mails from all points of the compass which have been steadily coming in ever since the first appearance of the "Reformation" article and its numerous reproductions, have evinced the widespread interest felt by physicians in the new method throughout the United States and Canada. My own experience in my daily practice during the past year has repeatedly demonstrated the unmistakable superiority of dosimetry in critical cases, in obtaining results that could not have been expected from the old method. The large majority of my patients express great satisfaction in the more simple and elegant manner of prescribing, but more especially in the far more speedy and gratifying results obtained. It presents itself to them as a new revelation and a welcome release from the nauseating mixtures with which they were formerly dosed.

Many very excellent physicians who recognize all the advantages claimed for dosimetry are yet held back by the spectre of its slight apparent similarity to homœopathy. They would early discover, however, that this would not be regarded as an objection by their patrons.

Their intelligence ought to teach them that in reality dosimetry is about as much like homœopathy as Civilization is like Paganism. Can they afford to subordinate manhood, principle and progress to a myth so insignificant?

Investigation and experiment would soon teach them, if capable of being taught, that in principle and in practice dosimetry is *right*. What matters it then as to what it may or may not chance to resemble? If their anxiety to consult the welfare of humanity equalled their unholy horror and absurd fears of anything with a homœopathic taint, they would all be dosimetrists before they were six months older and themselves and their patients would be the gainers in health, pocket and longevity. The radical defects inseparably connected and interwoven with our so called Allopathic system of practice—or lack of system rather—from the time when the memory of man runneth not to the contrary, although partially eliminated and modified by modern progress and methods, can never become wholly removed or remedied to that extent that the practice of medicine as understood and conducted according to the prevailing and hereditary methods can justly make any valid claim to being an exact science or even claim an approach thereto.

It would hardly seem necessary to substantiate this proposition by additional facts or arguments. The proposition as stated must be self evident to all intelligent, unprejudiced, fair minded physicians. The object and aim of the educated conscientious physician is and should be, to as speedily

as possible relieve distress and effect a cure, where these results are attainable, by any known or ascertainable means; method or device.

It is only by a thorough revision of our present therapeutics, and plan of prescribing and administering medicines, that this can be accomplished. That in all of these directions, the largest margin exists for appalling and dangerous errors—often hazardous or fatal to the recovery or life of the patient, no well-informed physician or person of intelligence can for a moment question. In writing a prescription for a patient in the ordinary routine of practice, however competently it may be done, we may try and console ourselves with the assurance that here our responsibility ends, and that it is the duty of the druggist to properly compound the same with drugs of entire reliability, of uniform strength, and with perfect accuracy. But does our knowledge and experience teach us that by any possibility such a result can be expected or relied upon with any degree of confidence? Do we not know that however competent the druggist may be, it is practically out of the question for him to know very much regarding the reliability of the drugs upon his shelves, for days, or it may be for years—old or new, fresh or otherwise—recently or remotely purchased, first of one firm and then of another, properly or improperly gathered, cured, prepared or compounded. The varying strength of the various drugs obtained from different countries, or sources and produced under differing conditions of climate and soil, conditions upon which depends the quantity of the active principle therein contained, and upon which we must depend for exact or beneficial results, the chemical changes and deteriorations that of necessity take place in drugs subjected to varying atmospheric and other conditions, to say nothing of the alarming extent to which adulteration is carried on through the rapacity of importers, dealers or manufacturers.

Bearing all of these contingencies in mind, the absurdity of any claim or pretense of absolute accuracy, as between physician and patient is too apparent to afford the slightest grounds for any assumption of scientific exactness on the part of the druggist in compounding the prescription, and must so present itself to the mind of any physician or patient who will devote a limited amount of time and intelligence, to reflection upon this supremely important point.

The practice of medicine is a calling too exalted and of too serious importance to those who may come under our care, to warrant us in attempting to deceive ourselves or suffering humanity, by tacitly endeavoring to uphold and perpetuate a system or method so honeycombed with traditional and hereditary defects and which are inseparable therefrom.

This may be treason but it is nevertheless the truth, and the duty of fearlessly endeavoring to do our full share in correcting these fatal defects rests heavily upon each and every member of the profession, whether or not it may chance to conflict with the opinions of others in the profession, or with any codes, rules or traditions, which have pretentiously come down to us from some previous well meaning generation or source, which may or may not have recognized these defects, or at that time, known how to correct them.

It is not in conformity with the spirit of the times for us to content ourselves with the reflection that we are following in the footsteps of hosts of eminent men, far more able it may be, or far more honored and influential than ourselves, (and surely so if we are content to be simply imitators) who from force of habit, circumstances or precedent, have blindly preceded us, nor does it become us to blindly follow where they have led.

This is an era of progress and of wonderful advancement in all directions.

The eyes of centuries are upon us. In no other department than in that of medicine and surgery and collateral branches, has greater advancement been made during the past three decades, and yet this deplorable fact stares us squarely in the face. The practice of medicine proper, by any of the older methods of practice can as yet make no claim whatever to scientific exactness.

And for the following reasons. To fulfil the conditions requisite in the counteracting of diseased conditions, either in their incipency, or in their more chronic forms, if absolute certainty is to be approached, first of all, the remedies employed must be of absolute purity and reliability. For the reasons stated above, this cannot be expected in the ordinary way of obtaining and of prescribing medicines. Some more reliable way of procuring and administering reliable remedies must be devised. Under the prevailing method, of prescribing what means has the physician for *knowing* that the patient is being given the best possible chance for recovery.

He knows very little regarding the uniform strength and reliability of the drugs he administers or prescribes and he also knows that with rare exceptions the druggist is no better informed and that as a rule they are not over-burdened with anxiety or solicitude as to the age or reliability of the drugs upon their shelves. Simply ordering when their old supply is exhausted of A. B. or C. as may be most convenient or of whom they can buy the cheapest. The reliable and competent druggist is the exception.

The same prescription filled to-day at one drug store and to-morrow at another, will in the great majority of cases differ very materially in composi-

tion and effect, as 19 out of every 20 patients who have ever tried the experiment, will testify.

Another increasing evil and reproach to the prevailing method of practice, less fatal it may be to our patients, than to our code of ethics, is the almost universal prescribing of proprietary and patented compounds, mysterious in their composition and unreliable in their effects. Surely this is a long step backwards in scientific medication, and one that those who are particularly captious regarding professional proprieties and eclat, should especially frown upon with supreme contempt.

Again, the nauseating and repulsive mixtures which under the old practice is so often a serious hindrance to treatment, and a more serious reproach to our school of practice, is an abomination deserving only of obsolescence.

We may say that this is a consideration that should not enter into the question from a therapeutic, scientific or philosophic standpoint. Practically, however, it is of the greatest importance, especially in the treatment of children, and is the one consideration above all others that has contributed to the encouragement and fostering of that somewhat pretentious so called system of practice that appeals principally to the imagination and to the palate of the patient, rather than to their intelligence, and which of the two evils is perhaps the least, its offense being negative rather than positive. It is an open question as to which of the two evils can claim the greater mortuary percentage, but it certainly is not a question as to which of the two the large majority would prefer for their last dose.

Ages will come and go before the irrepressible conflict between these two so called systems of practice can become harmonized—as incompatible as oil and water—the mixture would at best be a repulsive emulsion.

This fact alone is amply sufficient to negative any assumption that the practice of medicine has yet reached that status where it can be regarded as an approach to an exact science. But were all other difficulties eliminated, preventing this desirable and important consummation, the one fact of our encumbered therapeutics would be amply sufficient.

With some ten thousand or more recognized drugs, remedies and compounds to select from, need there be any surprise that in the treatment of a series of diseases or of any disease, no two physicians however competent without collusion, formulation or consultation, or the direct interposition of some occult power or influence, could by any reasonable possibility treat the same case in the same scientific manner.

In Dosimetry we find combined all of the advantages of both methods of practice with all their objectionable features eliminated. It more per-

fectly satisfies all the requirements of scientific and positive exactness in the treatment of diseased conditions than does either or both of the older methods, and in addition possesses superlative advantages over both in far greater safety, promptness and reliability in effecting a cure in any curable disease.

To question the assumption that it must eventually become the accepted and universal method of practice would be to question the intelligence and the progressive tendencies of the medical profession.

A few typical cases from among the hundreds in my private practice since adopting the Dosimetric method may be of interest.

PNEUMONIA.

If I have one conviction that predominates above all others, it is that under dosimetric treatment, nine-tenths of the cases of pneumonia could be prevented and the same proportion of cases already developed that under the old methods of treatment prove fatal, could beyond question be cured. I regard the frequent deaths from pneumonia as but little less than manslaughter for which the ignorant or unskilled attending physician should in the majority of cases be held responsible by the laws of man, as he doubtless is by the law of God. On this point however I speak from inspiration rather than from authority. It has never been my misfortune to lose a case of pneumonia in my twelve years practice, but I am confident that the case given below, in illustration of the saving power of dosimetry, would surely have died under any other treatment.

Mrs. G., a young married woman, a few weeks since was under the care of one of our prominent physicians, a graduate of one of the oldest and leading eastern medical colleges, a professor in one of our local medical schools, however little or much that may signify, but really a highly respected practitioner. So it must be assumed that the treatment was eminently "regular."

From a severe cold while under his care, the case had developed into a double pneumonia rapid and progressive in its development. The husband and friends became alarmed, and as usual in such cases, in this altitude especially, greatly feared a fatal termination. In this emergency the husband begged of me to take the case which I declined doing excepting in consultation. Later in the day however it was so arranged, upon the withdrawal of the other physician.

At 6 P. M., I found the patient bolstered up in bed, being unable to breathe lying down, and only apparently by being constantly fanned by the surrounding attendants.

Respiration very rapid and but little more than a constant panting, both

lungs congested, pulse 120, temperature 103; stomach rejecting everything in the shape of medicine or food. Weak, exhausted and disheartened. It would be superfluous to remark that her chances for following the usual precedents in similar cases were extremely flattering. In short she stood about one chance in a million for recovery under the "regular" mode of treatment.

I had but little hopes of her recovery, but decided to make it a test case for dosimetry, and Chanteaud granules were called into requisition, one each of aconitine, veratrine, digitaline and strychnine sulphate every twenty minutes. Her chest was encircled with a thick compress of absorbent cotton, bandaged, and camphorated oil freely applied.

Four hours later I found her lying down, respiration far more easy and natural, temperature declining, pulse less rapid, no vomiting, or rejecting of granules, herself and friends feeling greatly encouraged. Her improvement from this time on was uninterrupted and sixty hours later her pulse and temperature were normal, her delirium and rusty sputa had disappeared and a rapid recovery followed. As required to meet the various indications usual in such cases, (cough, delirium, pain, restlessness,) to the above remedies were added as called for, codeine, hyoscyamine, cicutine, caffeine, etc., with a moving dose of Seidlitz Chanteaud every morning.

That the confidence and enthusiasm of the family and their wide circle of friends, in and for dosimetry, was established beyond peradventure goes without saying, and my own confidence in the curative power of my art amazingly strengthened.

TYPHOID FEVER.

This was unusually prevalent here during the past summer and fall. I had my full quota of cases in the various portions of the city which were subjected to a corresponding variety of local influences. All of my cases were treated dosimetrically and with uniform satisfactory results, both to the patients and to myself. None being over two or three weeks in bed.

The speedy and satisfactory results obtained in these cases from dosimetry are due to the fact that the vital forces are sustained and the patients are protected from the adynamia so commonly present where the expectancy or incendiary methods of treatment are adopted.

The alkaloidal granules are all parasitocides to a greater or less extent, and thus perform double duty.

Aconitine, digitaline, veratrine, arseniate of strychnine, sulphate of calcium, hydroferrocyanate of quinine, boldly employed early in the disease will abort or greatly limit a large majority of cases of typhoid fever at a great

saving of time, strength, expense, and unfortunate sequelæ to the patients, to say nothing of the preservation and prolonging of life. Of great importance of course, is the Seidlitz-Chanteaud each morning.

Physicians of intelligence and honor, having the welfare of humanity at heart, assume too great a responsibility in neglecting to adopt a method that promises and accomplishes so much, however closely they may be joined to their hereditary idols.

DIGESTIVE DISORDERS.

Disorders of digestion present a wide range of distressing symptoms and complications for the relief of which the attending physician under the older methods of practice or lack of method rather, seldom receive or are entitled to much credit.

After trying all the doctors and remedies available, the victims generally conclude that the only effective cure is through starvation or death, and the principal objection they find to the latter is that it is too slow in coming to their relief.

If dosimetry was available for nothing else but in the relief of this class of cases the name of Burggraave would justly be entitled to universal reverence.

Cases that have resisted all other treatment for years, readily yield to that advised by the illustrious founder of the new method.

In this I speak from my own experience in the treatment of various cases which I will illustrate by one, that no one will question was an exceedingly severe test.

Mr. P., age 45; a business man of great wealth and prominence, widely known and connected in his business relations east and west, had suffered from dyspepsia for 15 years or more and of late years to that extent as to cause almost constant distress, also resulting in insomnia, loss of health, flesh and ambition. During the past ten years from a strong robust man, he had come to regard himself as an invalid, thin, sallow, never free from distress and rapidly approaching that crisis where any personal attention to his extensive business affairs would have to be abandoned.

His symptoms of late had become more aggravated, being unable to eat anything that did not cause great distress.

His insomnia and extreme nervous condition did not admit of any sleep after 2 A. M., from which time on to daylight his only relief was walking in the open air.

In this extremity I was called to see him, November 22d—some six months ago. He made the encouraging statement that for twelve years or more past, he had been under the care of the most prominent physicians he

could learn of east or west and had never yet received the slightest benefit.

He had heard of the new method of practice and wished to be informed more particularly regarding it, which was briefly explained, together with the assurance that beyond question he could be relieved,

His interest and confidence in ultimate benefit were at once enlisted, and treatment was commenced without delay.

He slept that night and the three following till 6 and 7 A. M., without interruption which for many years previously he had not been able to do. His stomach was also improving, and as he expressed it he "already felt like a new man." This brought him to the day before Thanksgiving when he was so far improved that he returned east, and ever since has been attending to his business without interruption, returning here occasionally in the meantime. He has continued the treatment and reports constant and steady improvement. Candor compels me to say that in connection with the dosimetric granules and until their physiological effect could be permanently established, Sulfonal was first given in 15 gr. doses for its immediate hypnotic effect. Later, however, upon its omission, if sleep was disturbed during the night, he found that an ordinary dose of Seidlitz-Chanteaud answered the same purpose.

His insomnia, is now a thing of the past, his digestive functions in far better condition than for many years and constantly improving, his appetite good; the cold sensation in the dorsal region of the spinal cord which for years he had found very troublesome, especially at night, is now almost entirely relieved and his general health so far restored as to allow of his constant attention to business, without distress, interruption or anxiety as to his former excellent prospects for becoming a confirmed invalid.

His treatment in the main has been Seidlitz-Chanteaud, every morning, also quassine two granules, three times daily, combined with one or two granules of two or three of the following: Strychnine, sulphate and arseniate, Ferri phosphate, arseniate, valerianate and hydroferrocyanate. Quinine, arseniate, and hydroferrocyanate. Codeine Phosphoric acid, combining three or four of the above differently every two weeks.

This gentleman is an enthusiastic advocate of dosimetry, on any and all occasions, and it seems to be only a question of time until he will have all of his ailing relatives and friends under dosimetric treatment.

FEVERS.

Gratifying alike to patient and physician as the dosimetric method proves in all cases, however plain or obscure the diagnosis may be, that large proportion of cases in which fever is the predominating element, and often before a positive diagnosis can be made, affords a wide field in which the

most brilliant results may confidently be expected. Without waiting for the enemy to become entrenched, the assault is begun *at once*. No time is lost in making the attack, no time is afforded the enemy to prepare for it, and in the large majority of cases, he is completely routed before he has time to make a lodgment.

We *know* that in the attack our armaments are of the finest quality, our Damascus blade the keenest and most reliable, and we enter upon the contest fully equipped and with entire confidence, that victory will speedily crown our efforts, a confidence that is supreme in comparison with that which the physician can feel, however experienced or competent, with any other mode of treatment. The element of chance or the risk of errors, of necessity assumed by the patient, in the writing and in the filling of the prescription or in the administering of the medicine, so often a dangerous or a fatal one, under the older method of practice, is entirely eliminated by the new method. No case of poisoning has ever occurred under dosimetric treatment—all risks in this direction being reduced to the minimum. The dosimetric granules are wholly lacking in that nauseating, repulsive element so constantly met with in allopathic practice, and especially in the treatment of children who instinctively and sensibly rebel against the crude and antiquated doses and methods so ill adapted to their preferences and requirements, and which not unfrequently greatly hazards or entirely defeats the good intentions of the physician.

It is impossible to overestimate the transcendent advantages above enumerated of the dosimetric, over all other modes of treatment, in the aborting of fevers and in the far more speedy and satisfactory cure of all diseased conditions.

Let me say in conclusion that such results as in the cases mentioned above, “restores to the physician an abiding faith in the curative power of his art” and abundantly compensates for the puerile pretenses or timorous fears of the uninformed, non-progressive, courageless professional croakers who try to imagine that in dosimetry they discover something that may possibly not be regarded as “regular” by those to whom they look for their opinions.

Until the scales are removed from their eyes and they are able to see the hand-writing on the wall, in the triumphant establishment of alkaloidal therapeutics, they will doubtless prefer to continue swelling the mortuary percentage in the *regular* way, bowing down before their code of ethics as the Hindoo before his graven image, to shield them from the wrath to come.

DENVER, COL., MAY, 1890.

